	Case 25-40054 Do	oc 13 Filed 03/19		/25 15:47:29	Desc Mair	1	
F	ill in this information to identify your	case: Documen	FI	ED	Tai		
	Debtor 1 MICHAEL JUSTIN S	SCOTT	Bankru	IPtov.			
L		liddle Name Last Nam	Nestern Dis	Potcy Court			
(\$	Debtor 2 Spouse, if filing) First Name M	liddle Name Last Nan					
L	Debtor 2 Spouse, if filing) First Name M United States Bankruptcy Court for the: We Case number 25-40054 If known)	stern District of No	rth Ca. 3 Char Otte Div	2025			
C	Case number 25-40054		Charlotte Div	ester, Class	Che	eck if this is a	
(lf known)			sion		ended filing	
\sim	fficial Form 103B						
3000		41 01		- 107 -			
A	pplication to Ha	ve the Chap	oter 7 Filing	Fee Waiv	red	12/15	
	as complete and accurate as possible						
	ormation. If more space is needed, a known).	ttach a separate sheet to tr	nis form. On the top of any a	dditional pages, wr	ite your name an	a case numb	
P	art 1: Tell the Court About Y	our Family and Your Fa	amily's Income				
		Į0					
1.	What is the size of your family?	Check all that apply:					
	Your family includes you, your spouse, and any dependents listed	You					
	on Schedule J: Your Expenses (Official Form 106J).	Your spouse					
	(Official Form 1000).	Your dependents	How many dependents?	Total average as of as			
			now many dependents?	Total number of pe	ople		
2.	Fill in your family's average				That person's a	verage	
	monthly income.			ome			
	Include your spouse's income if your spouse is living with you, even	pouse's income. Include the		(take-home pay)	13		
	if your spouse is not filling.	that you receive, such as foo	cash governmental assistance od stamps (benefits under the	You	\$	0	
	Do not include your spouse's income if you are separated and your spouse is not filing with you.	Supplemental Nutrition Assis subsidies.	stance Program) or housing			0	
		If you have already filled out line 10 of that schedule.	Schedule I: Your Income, see	Your spouse	+ \$	0	
		inte 10 of that softedute.		Subtatal	œ.	0	
				Subtotal	5		
		Subtract any non-cash governmental assistance that you included above.		-	- \$	0	
				T		0	
		Your family's average monthly net income		Total	\$		
		_	Type of assistance				
3.	Do you receive non-cash governmental assistance?	No	Type of assistance				
	governmental assistance.	Yes. Describe					
		'					
4.	Do you expect your family's	No	Antiginate re employment in the near future				
	average monthly net income to increase or decrease by more than	Yes. Explain	Anticipate re-employment in the near future				
	10% during the next 6 months?						
_	Tall the court why was an inch!	nov the filing for in	Lom ourrently unamed	wod and unable	to make and	nanaisl	
Э.	ell the court why you are unable to pay the filing fee in nstallments within 120 days. If you have some additional		I am currently unemplo commitments.	yeu and unable	to make any fi	nancial	
	circumstances that cause you to not be fee in installments, explain them.						
	· 100	· ·					

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Debtor 1

MICHAEL JUSTIN SCOTT

	1 hat dame hundre tende	Leat He	ine							
P	art 2: Tell the Court About Y	our Mon	thly Expense	s						
6.	Estimate your average monthly expenses. Include amounts paid by any government assistance that you \$ 1739.96 reported on line 2.									
	If you have already filled out <i>Schedule</i> line 22 from that form.	ou have already filled out <i>Schedule J, Your Expenses</i> , copy 22 from that form.								
7.	Do these expenses cover anyone who is not included in your family as reported in line 1?	✓ No Yes	. Identify who						Accordance to the control of the con	
8.	Does anyone other than you regularly pay any of these expenses? If you have already filled out	Yes. How much do you regularly receive as contributions? \$ monthly								
	Schedule I: Your Income, copy the total from line 11.	/ the								
9.	Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?	✓ No Yes	. Explain						**Al-maid-1-A	
Pa	rt 3: Tell the Court About Yo	our Prop	erty							
lf	you have already filled out Schedule	A/B: Pro	perty (Official F	orm 10	<i>6A/B)</i> attach	copies to this	application and go	to Part 4.		
10.	How much cash do you have? Examples: Money you have in									
	your wallet, in your home, and on hand when you file this application	Cash:		\$	5	i -				
11.	Bank accounts and other deposits of money?				tion name:			Amount:	Colombia, and	
	Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other	Checking	account:	Ban	k of Americ	ea		\$	-59.00	
		Savings account: Other financial accounts:						\$		
	similar institutions. If you have more than one account with the same institution, list each. Do not		ancial accounts:					\$		
12	include 401(k) and IRA accounts. Your home? (if you own it outright or	B 1 / A								
	are purchasing it)	N/A Number N/A	Street				Current value:	\$	0	
	Examples: House, condominium, manufactured home, or mobile home	City			State	ZIP Code	Amount you owe on mortgage and liens:	\$	0	
13.	Other real estate?	N/A					Current value:	\$	0	
		Number N/A	Street				Amount you owe on mortgage and	\$	0	
		City			State	ZIP Code	liens:			
14.	The vehicles you own?	Make:	M240i				Current value:	\$	26305	
	Examples: Cars, vans, trucks, sports utility vehicles, motorcycles,	Model: Year:	2021				Amount you owe	¥		
	tractors, boats	Mileage	59800				on liens:	\$	41000	
		Make:								

Model: Үеаг:

Mileage

Current value:

on liens:

Amount you owe

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Case number (if know Document MICHAEL JUSTIN SCOTT Debtor 1 15. Other assets? Describe the other assets: 0 Current value: Do not include household items 0 N/A and clothing. Amount you owe on liens: 16. Money or property due you? Who owes you the money or property? How much is owed? Do you believe you will likely receive payment in the next 180 days? Examples: Tax refunds, past due N/A 0 or lump sum alimony, spousal No support, child support, N/A Yes. Explain: maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery Part 4: **Answer These Additional Questions** 17. Have you paid anyone for ✓ No services for this case, including Yes. Whom did you pay? Check all that apply: How much did you pay? filling out this application, the bankruptcy filing package, or the An attorney schedules? A bankruptcy petition preparer, paralegal, or typing service Someone else 18. Have you promised to pay or do V No you expect to pay someone for Yes. Whom do you expect to pay? Check all that apply: services for your bankruptcy How much do you case? An attorney expect to pay? A bankruptcy petition preparer, paralegal, or typing service Someone else 19. Has anyone paid someone on your behalf for services for this Yes. Who was paid on your behalf? Who paid? How much did case? Check all that apply: Check all that apply: someone else pay? An attorney Parent Brother or sister A bankruptcy petition preparer, paralegal, or typing service Friend Pastor or clergy Someone else Someone else 20. Have you filed for bankruptcy within the last 8 years? When Case number MM/ DD/ YYYY When Case number _ MM/ DD/ YYYY MM/ DD/ YYYY Part 5: Sign Below By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct. Signature of Debtor Signature of Debtor 2 MM / DD / YYYY